

research case						
case Id (autoincr)	encrypted institutionRecordId	rel Institution Id	rel Ethnicity Id (study entry form)	Gender (0010 0040)	relSmoking History (from subject entry form)	pack years
1	agj(&@#...	5	1	F	1	0
2	is^#&#...	5	4	M	2	52
3	^&*^^Kjj6...	5	5	M	4	300

Although the **research case**, **study** and **series** tables have encrypted patient/subject fields associated with them, in fact these encrypted fields are physically contained in separate tables that are unavailable for user searches/retrieval. These encrypted tables are available to compiled system code to check for pre-existing data values to support grouping of new incoming data belonging to the same subject, study, and series, respectively, in the database tables

Smoking history and pack years are required elements for data gathered prospectively

Tables/columns underlined with a black bar are necessary elements that must be stored (and retrievable) in a rudimentary database when the LIDC begins gathering preliminary data on/after Aug. 1.

The Study Instance UID defines a unique **study**, i.e. combination of acquired **series**. For each incoming image (DICOM image object), the Study Instance UID is extracted from the header and the **study** table is searched for the prior existence of the same Study Instance UID as stored in the encrypted Study Instance UID field. If the Study Instance UID already exists in the table, no further action is required. If not, then a new row is added to the **study** table and the indicated values are entered. The same **studyId** number is also entered in the same object's row in the **series** table below in the **relStudyId** field. The study date, not time, is preserved for calculation of intervals between multiple exams.

study								
studyId (auto incr)	encrypted Study Instance UID (0020 000d)	rel Case Id	Study Date: YYYYMMDD (0008: 0020)	rel Modality Id (0008 0060)	relManufacturer Id (0008 0070)	model Name (0008 1090)	study Descriptive Text	subject Age (0010 1010)
1	%\$^&(*&(9	1	20020717	1	1	LSUltra	Lung	55
2	\$#!\$#\$*0*(*&	1	20030123	1	1	LSUltra	Lung	31
3	%\$&#@&88*()^	2	20030405	4	4	Emotion Duo	PET-CT Thorax	43

Although organizationally and logically the study table precedes the series table here, in fact the series table may be built first since functionally all of the "objects", i.e. image files, come from the scanner or archive as members of a series and study. When the series table is built first, its relStudyId column is left blank until a later sorting of the series occurs in order to create the study table and then the appropriate studyId number is carried into the series table's relStudyId column.

Likewise the Series Instance UID for each incoming DICOM object (i.e. image file) defines a unique series, i.e. subject volume scan. For each incoming image (DICOM image object), the Series Instance UID is extracted from the header and the series table is searched for the prior existence of the same Series Instance UID as stored in the encrypted Series Instance UID field. If the Series Instance UID exists in the table, the object is stored in the storageDirectory specified in the column entry of the same name. If the Series Instance UID does not exist, a new row and seriesID is added to the series table and the object is stored in the new storageDirectory entry (how this is defined is left to each user institution). Data from the specified DICOM elements in the object header is used to fill out most of the remaining series table entries.

series																											
seriesId (auto incr)	encrypted Series Instance UID (0020 000e)	relStudyId	relStorageDirectory Id (identifies loci of stored series' image files)	relSeries Description Id (radiologist definition session entry)	lung field: 1: full 2: partial (radiologist definition session entry)	Series Shared Outside of LIDC? (Y/N)	acq&ReconParams																				
							Contrast / Bolus Agent (0018 0010)	Scan Options, e.g. Helical, etc. (0018 0022)	slice thickness (0018 0050)		KVP (0018 0060)	Spacing between slices (0018 0088)		Data Collection Diameter (0018 0090)	Software Version (0018 1020)	Contrast/ Bolus Route (0018 1040)	Reconstruction Diameter (0018 1100)	Source-Detector Distance (0018 1110)	Source-subject Distance (0018 1111)	Gantry Tilt (0018 1120)	Exposure Time (0018 1150)	Tube Current (0018 1151)	Exposure (0018 1152)	Extremity Filter Type (0018 1160)	Focal Spot Size (0018 1190)	Reconstruction Kernel (0018 1210)	Subject Position (0018 5100)
									min	max		min	max														
1	)*&%\$%^%\$	1	1	1	1	n																				
2	&*^*%\$	1	1	3	1	n																					
3	)*^*^\$#FHHG	1	1	10	1	y, NLST																				
...					
990	*(&HGFDTSR	2	2	2	1	v, dev																					
...					
4558	)*GDSDSS^	3	4																							

Note: all of the acquisition/image/offset parameters are still in each of the stored DICOM headers because they have NOT been scrubbed; we are simply adding the above parameters to the database tables to make these values available for searches...

nodules-relations

objects identified in a series				
seriesObjectId (auto incr)	relSeriesId	approxObjectLoc (x,y,z pixel coords)	approxTextualLocDescription (Text String: LUL, LLL, RUL, RML, RLL)	relObjectType
...
2045	990	300,100,400	LUL	N
...
10476	2844	150,255.50	RML	N
10477	2844	(x1,y1,z1),(x2,y2,z2)	RLL	SL

Data for this table comes from the first review of newly submitted cases by the local institution's LIDC expert. Identifying an object as a nodule (N) in this table generates a "to do" entry in the nodule definition worklist for 4 experts.

nodule spatial definitions																
noduleSpatial DefinitionId (auto incr)	relNoduleId	relSeriesObject Id	relExpert Id	computedQuantitativeParams		definitionFileId (XML format, D:expert def; P: prob def)	relNodule Class	margin		relShapel d	subtley		action- able	Location		process Definition Stage
				centroid locus (l,j,k)	volume (cu mm)			1-sharp 2- spiculated 3- ill defined	1- obvious 5- subtle		1- no 5- yes	1-subpleural 2- juxtavascular 3- central 4- peripheral		Draw/ Redraw		
...
121	1	2045	1	35,-47,256	9	.../D0013346	...	...	...	...	...	...	...	...	...	D
122	1	2045	2	36,-47,254	11	.../D0013347										D
123	1	2045	3	35,-45,255	12	.../D0013348										D
124	1	2045	4	35.3,-45.6,254	10.6	.../P0013										
...
217	1	2045	2	34,-48,257	10	.../D0013783	1	1	1	2	3					R
...
578	1	10476	2	37,-48,255	9.3	.../D0203335	...	...	...	...	...	...	...	...	...	...

do we want to solicit nodule class, margin, shape, subtley, & actionable parameters on first read?

nodule			
noduleId (auto incr)	most recent relSeriesId	series Nodule NumberId (autoincr within same, most recent series)	mostRecent nodule Cyto/Path (update here triggered by entry in relNoduleCytoPath table below)
1	990	1	147
2	2844	1	
3	2844	2	
...

This simple, but **important** table contains the one-to-many mapping that tracks nodules in the above table over exams for the same research caseId. The entry of a new nodule into this table occurs at the time of the expert's Redraw session (or initial Draw session?). Current process model specifies that each of 4 experts will draw nodule outlines at the initial setting and then nodules at a second sitting while observing the resultant drawings of all experts from the initial sitting. Existing nodules are identified by an expert's viewing of the most recent CT series where previously identified nodules in the series have been numbered. A new nodule is one that is not identified/numbered on the previous series and must be entered into this table. As numbers of nodules will define existing nodules before reading the next CT series acquired, and **assuming experts across institutions will identify nodules using an interface to their own local data, sequential numbering of all newly identified nodules within the same caseId must be consistent across participating institutions!**

nodule Cytology / Pathology			
noduleCytoPathId	relNoduleId	Date	rel Pathology / Cytology

(these entries will come from the general Pathology & Cytology definition table when finished)

nodules-relations

		YYYYMMDD	DiagnosisId
1	1	20011029	3
2	1	20020516	5
...
45	39	20020711	12
...
147	1	20020625	6

potentially
redraw the
e all of the
ing of new
abase, the

Definitions

institution	
institutionId	institutionName (0008 0080)
1	Cornell
2	U Chicago
3	UCLA
4	UI
5	UM

manufacturer	
manufacturerID	manufacturerName (0008 0070)
1	GE
2	Marconi
3	Toshiba
4	Siemens

modality	
modalityId	modalityText (0008 0060)
1	CT
2	FDG PET
3	CT from CT/PET scanner
4	PET from CT/PET scanner
5	CR
6	Microscopy
...	...

Check (0008 1030) at least on Siemens

series description	
series DescriptionId	studyDescriptionText (0008 103e)
1	Low Dose Lung Surveillance
2	Nodule Surveillance
3	Contrast SPN
4	Chest
5	
6	
...	...
	Raw Sinogram

storage directories	
storageDirectoryId (identifies loci of stored series' images)	storageDirectory root
1	host://root1/sub0/sub00
2	host://root1/sub0/sub01
3	host://root1/sub0/sub02

expert		
expertId (autoincr)	relInstitutionID	expertName
1	5	Ella
2	5	Leslie
3	5	Paul
4	5	Derived from 1,2,3
...	...	

ethnicity	
ethnicityId	ethnicityCategoryId
1	White, not of Hispanic Origin
2	Hispanic
3	Black, not of Hispanic origin
4	Native Hawaiian or other Pacific Islander
5	Asian
6	Native North American
7	Other

nodule class	
NoduleClassId	noduleDescriptionText
1	solid
2	part solid
3	non-solid/ground glass
4	fat
5	calcified-benign (solid, lobulated, ring)
6	calcified-indeterminate (stippled, amorphous)
7	other

smokingHistory	
smoking HistoryId	smokingHistoryText
1	life long non-smoker
2	current smoker (pack years)
3	current reformed smoker for > 15 years (pack years)
4	current reformed smoker < 15 years (pack years)

Definitions

shape	
shapeld	Shape
1	Round/Ovoid
2	Lobular
3	Irregular
4	Linear/Elliptical

objects	
ObjectTypeld	Object
1	(N) Nodule
2	(SF) Scar, Focal
3	(SL) Scar, Linear
4	(D) Diffuse
5	(U) unknown
	(others?)

Pathology worksheet

Currently this "table" is simply extracted from multiple regions in NCI's CDE Pathology table pertaining to Lung CA. Goeff and others need to identify useful cells for the LIDC and I will create an appropriately shortened version for the database...

Disease Description	2179	T Stage, Pathologic	Pathologic T Stage	Extent of the primary tumor determined prior to treatment based on evidence obtained from pathological examination of a resected specimen that entails a resection of the primary tumor or biopsy adequate to evaluate the highest category.	Specific	Character	10	Instruction: (leave blank if not done) Note: The AJCC staging version to use is protocol specific.	TX	Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy	Source	1	Lung Cancer - Pathology Form Major Surgical Resection
									T0	No evidence of primary tumor	AJCC	2	
									Tis	Carcinoma in situ	AJCC	3	
									T1	Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus, (i.e., not in the main bronchus)	AJCC	4	
									T2	Tumor with any of the following features of size or extent: <input type="checkbox"/> More than 3 cm in greatest dimension <input type="checkbox"/> Invades the visceral pleura <input type="checkbox"/> Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung		5	
									T3	Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura, parietal pericardium; or tumor in the main bronchus less than 2 cm distal to the carina, but without involvement of	AJCC	6	
									T4	Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same lobe; or tumor with a malignant pleural effusion	AJCC	7	
									pT0	No evidence of primary tumor	AJCC	8	
									pTis	Carcinoma in situ	AJCC	9	
									pT1	Tumor 3cm or less in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)	AJCC	10	
									pT2	Tumor with any of the following features of size or extent: More than 3cm in greatest dimension; invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung	AJCC	11	
									pT3	Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of	AJCC	12	
									pT4	Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malignant pleural effusion	AJCC	13	
									pTX	Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy	AJCC	14	

Pathology worksheet

2181	N Stage, Pathologic	Pathologic N Stage	Extent of nodal involvement determined prior to treatment based on evidence obtained from removal of the regional lymph nodes adequate to validate the absence of regional lymph node metastasis and sufficient to evaluate the highest category.	Specific	Character	10	(leave blank if not done)	NX	Regional lymph nodes cannot be assessed	AJCC	1	Lung Cancer - Pathology Form Major Surgical Resection
								N0	No regional lymph node metastasis	AJCC	2	
								N1	Metastasis to ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct extension of the primary tumor	AJCC	3	
								N2	Metastasis to ipsilateral mediastinal and/or subcarinal lymph node(s)	AJCC	4	
								N3	Metastasis to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)	AJCC	5	
								pN0	No lymph node metastasis	AJCC	6	
								pN1	Metastasis to ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct extension of the primary tumor	AJCC	7	
								pN2	Metastasis to ipsilateral mediastinal and/or subcarinal lymph node(s)	AJCC	8	
								pN3	Metastasis to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)	AJCC	9	
								pNX	Regional lymph nodes cannot be assessed	AJCC	10	
								NX	Regional lymph nodes cannot be assessed	AJCC	1	Lung Cancer - Surgery Form
								N0	No regional lymph node metastasis	AJCC	2	
								N1	Metastasis to ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct extension of the primary tumor	AJCC	3	
								N2	Metastasis to ipsilateral mediastinal and/or subcarinal lymph node(s)	AJCC	4	
								N3	Metastasis to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)	AJCC	5	
								pN0	No lymph node metastasis	AJCC	6	
								pN1	Metastasis to ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct extension of the primary tumor	AJCC	7	
								pN2	Metastasis to ipsilateral mediastinal and/or subcarinal lymph node(s)	AJCC	8	
								pN3	Metastasis to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)	AJCC	9	
								pNX	Regional lymph nodes cannot be assessed	AJCC	10	
2183	M Stage, Pathologic	Pathologic M Stage	Absence or presence of distant metastasis as determined prior to treatment based on evidence of tumor in microscopic examination of distant lesions.	Specific	Character	2	(leave blank if not done)	pM0	No distant metastasis	AJCC	1	Lung Cancer - Pathology Form Major Surgical Resection
								M0	No distant metastasis	AJCC	2	
								pM1	Distant metastasis present	AJCC	3	
								M1	Distant metastasis present	AJCC	4	

Pathology worksheet

									Adenocarcinoma		WHO	2	
									Large cell undifferentiated		WHO	3	
									Bronchoalveolar carcinoma (BAC)		WHO	4	
									Non-small cell lung cancer, NOS	Non-small cell lung cancer (NSCLC), NOS	WHO	5	
									Other, specify		CDE Committee	6	
									Large cell carcinoma	Large cell carcinoma	WHO	13	
									Small cell carcinoma (oat cell)	Small cell carcinoma (oat cell)	WHO	14	
									Carcinoid	Carcinoid	WHO	15	
									Combined/mixed	Combined/mixed, specify subcategories	WHO	16	
									Pre-malignant changes observed	Pre-malignant changes observed	WHO	17	
									No malignancy observed	No malignancy observed	WHO	18	
	####	Lymph Nodes Type	Lymph Nodes Type	The specific lymph nodes involved by cancer.	Specific	Character	40	Add instruction on Pathology Form - Major Surgical Resection:	Highest mediastinal (1)	Highest mediastinal node	Cooperative Group-Forms Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									Right upper paratracheal (2R)	Right upper paratracheal node	Cooperative Group-Forms Committee	2	
									Left upper paratracheal (2L)	Left upper paratracheal node	Cooperative Group-Forms Committee	3	
									Pre- and retro paratracheal (3)	Pre- and retro paratracheal node	Cooperative Group-Forms Committee	4	
									Right lower paratracheal (4R)	Right lower paratracheal node	Cooperative Group-Forms Committee	5	
									Left lower paratracheal (4L)	Left lower paratracheal node	Cooperative Group-Forms Committee	6	

Pathology worksheet

										Subaortic (5)	Subaortic node	Cooperative Group-Forms Committee	7	
										Para-aortic (6)	Para-aortic node	Cooperative Group-Forms Committee	8	
										Subcarinal (7)	Subcarinal node	Cooperative Group-Forms Committee	9	
										Paraesophageal (8)	Paraesophageal	Cooperative Group-Forms Committee	10	
										Pulmonary ligament (9)	Pulmonary ligament	Cooperative Group-Forms Committee	11	
										Right hilar (10R)	Right hilar node	Cooperative Group-Forms Committee	12	
										Left hilar (10L)	Left hilar node	Cooperative Group-Forms Committee	13	
										Interlobar (11)	Interlobar node	Cooperative Group-Forms Committee	14	
										Right lobar (12R)	Right lobar node	Cooperative Group-Forms Committee	15	
										Left lobar (12L)	Left lobar node	Cooperative Group-Forms Committee	16	
										Right segmental (13R)	Right segmental node	Cooperative Group-Forms Committee	17	
										Left segmental (13L)	Left segmental node	Cooperative Group-Forms Committee	18	

Pathology worksheet

									Right subsegmental (14R)	Right subsegmental node	Cooperative Group-Forms Committee	19	
									Left subsegmental (14L)	Left subsegmental node	Cooperative Group-Forms Committee	20	
									Highest mediastinal (1)	Highest mediastinal node	Cooperative Group-Forms Committee	1	Lung Cancer - Surgery Form
									Right upper paratracheal (2R)	Right upper paratracheal node	Cooperative Group-Forms Committee	2	
									Left upper paratracheal (2L)	Left upper paratracheal node	Cooperative Group-Forms Committee	3	
									Pre- and retro paratracheal (3)	Pre- and retro paratracheal node	Cooperative Group-Forms Committee	4	
									Right lower paratracheal (4R)	Right lower paratracheal node	Cooperative Group-Forms Committee	5	
									Left lower paratracheal (4L)	Left lower paratracheal node	Cooperative Group-Forms Committee	6	
									Subaortic (5)	Subaortic node	Cooperative Group-Forms Committee	7	
									Para-aortic (6)	Para-aortic node	Cooperative Group-Forms Committee	8	
									Subcarinal (7)	Subcarinal node	Cooperative Group-Forms Committee	9	
									Paraesophageal (8)	Paraesophageal	Cooperative Group-Forms Committee	10	

Pathology worksheet

									Pulmonary ligament (9)	Pulmonary ligament	Cooperative Group-Forms Committee	11	
									Right hilar (10R)	Right hilar node	Cooperative Group-Forms Committee	12	
									Left hilar (10L)	Left hilar node	Cooperative Group-Forms Committee	13	
									Interlobar (11)	Interlobar node	Cooperative Group-Forms Committee	14	
									Right lobar (12R)	Right lobar node	Cooperative Group-Forms Committee	15	
									Left lobar (12L)	Left lobar node	Cooperative Group-Forms Committee	16	
									Right segmental (13R)	Right segmental node	Cooperative Group-Forms Committee	17	
									Left segmental (13L)	Left segmental node	Cooperative Group-Forms Committee	18	
									Right subsegmental (14R)	Right subsegmental node	Cooperative Group-Forms Committee	19	
									Left subsegmental (14L)	Left subsegmental node	Cooperative Group-Forms Committee	20	
	####	Associated Pre-Malignant Histologic Changes	Associated Pre-Malignant Histologic Changes	The histologic changes in the specimen which are associated with pre-malignant conditions.	Specific	Character	39	Add 2 instructions to form: If Pre-Malignant changes Observed, AND (check all that	Basal cell hyperplasia	Basal cell hyperplasia	CDE Committee	1	Lung Cancer - Pathology Form Bronchoscopy

Pathology worksheet

									Basal cell hyperplasia with ASD changes	Basal cell hyperplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	2	
									Squamous metaplasia	Squamous metaplasia	CDE Committee	3	
									Squamous metaplasia with ASD changes	Squamous metaplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	4	
									Carcinoma in situ	Carcinoma in situ	CDE Committee	5	
									Atypical adenomatous hyperplasia	Atypical adenomatous hyperplasia	CDE Committee	6	
									Mild dysplasia	Mild dysplasia	CDE Committee	7	
									Mild dysplasia with ASD changes	Mild dysplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	8	
									Moderate dysplasia	Moderate dysplasia	CDE Committee	9	
									Moderate dysplasia with ASD changes	Moderate dysplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	10	
									Severe dysplasia	Severe dysplasia	CDE Committee	11	
									Severe dysplasia with ASD changes	Severe dysplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	12	
									Other, specify	Other, specify	CDE Committee	13	
									Basal cell hyperplasia	Basal cell hyperplasia	CDE Committee	1	Lung Cancer - Pathology Form Cytology
									Basal cell hyperplasia with ASD changes	Basal cell hyperplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	2	
									Squamous metaplasia	Squamous metaplasia	CDE Committee	3	
									Squamous metaplasia with ASD changes	Squamous metaplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	4	
									Carcinoma in situ	Carcinoma in situ	CDE Committee	5	
									Atypical adenomatous hyperplasia	Atypical adenomatous hyperplasia	CDE Committee	6	
									Mild dysplasia	Mild dysplasia	CDE Committee	7	

Pathology worksheet

									Mild dysplasia with ASD changes	Mild dysplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	8	
									Moderate dysplasia	Moderate dysplasia	CDE Committee	9	
									Moderate dysplasia with ASD changes	Moderate dysplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	10	
									Severe dysplasia	Severe dysplasia	CDE Committee	11	
									Severe dysplasia with ASD changes	Severe dysplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	12	
									Other, specify	Other, specify	CDE Committee	13	
									Basal cell hyperplasia	Basal cell hyperplasia	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									Basal cell hyperplasia with ASD changes	Basal cell hyperplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	2	
									Squamous metaplasia	Squamous metaplasia	CDE Committee	3	
									Squamous metaplasia with ASD changes	Squamous metaplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	4	
									Carcinoma in situ	Carcinoma in situ	CDE Committee	5	
									Atypical adenomatous hyperplasia	Atypical adenomatous hyperplasia	CDE Committee	6	
									Mild dysplasia	Mild dysplasia	CDE Committee	7	
									Mild dysplasia with ASD changes	Mild dysplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	8	
									Moderate dysplasia	Moderate dysplasia	CDE Committee	9	
									Moderate dysplasia with ASD changes	Moderate dysplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	10	
									Severe dysplasia	Severe dysplasia	CDE Committee	11	
									Severe dysplasia with ASD changes	Severe dysplasia with Angiogenic Squamous Dysplasia changes	CDE Committee	12	
									Other, specify	Other, specify	CDE Committee	13	

Pathology worksheet

	####	Bronchial Margin Involved	Is the bronchial margin involved	A yes/no indicator to ask if the margins of the bronchi were involved or infiltrated by tumor.	Specific	Character	7		Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
no	####	Bronchial Site	Bronchial Site	The site or area of the bronchus where the sample was obtained.	Specific	Character	36	Note: This is only a limited selection of valid values. The complete list can be viewed on the CDE website. Add 2 instructions to form: (check all that apply) AND Note: Only list values needed for	Carina, NOS	Carina, not otherwise specified	CDE Committee	1	Lung Cancer - Pathology Form Bronchoscopy
									Carina between RB1 and RB2, RB1/2	Carina between right bronchus 1 and right bronchus 2, right bronchus 1/2	CDE Committee	2	
									Carina between RB1 A and B, RB1A/B	Carina between right bronchus 1 A and B, right bronchus 1A/B	CDE Committee	3	
									Carina between RB1 and RB3, RB1/3	Carina between right bronchus 1 and right bronchus 3, right bronchus 1/3	CDE Committee	4	
									Carina between RB2 and RB3, RB2/3	Carina between right bronchus 2 and right bronchus 3, right bronchus 2/3	CDE Committee	5	
									Carina between RB2 A and B, RB2A/B	Carina between right bronchus 2 A and B, right bronchus 2A/B	CDE Committee	6	
									Carina between RB3 A and B, RB3A/B	Carina between right bronchus 3 A and B, right bronchus 3A/B	CDE Committee	7	
									Carina between RB4 and RB5, RB4/5	Carina between right bronchus 4 and right bronchus 5, right bronchus 4/5	CDE Committee	8	
									Carina between RB4 A and B, RB4A/B	Carina between right bronchus 4 A and B, right bronchus 4A/B	CDE Committee	9	

Pathology worksheet

									Carina between RB5 A and B, RB5A/B	Carina between right bronchus 5 A and B, right bronchus 5A/B	CDE Committee	10	
									Carina between RB6 A and B, RB6A/B	Carina between right bronchus 6 A and B, right bronchus 6A/B	CDE Committee	11	
									Carina between RB6 A and C, RB6A/C	Carina between right bronchus 6 A and C, right bronchus 6A/C	CDE Committee	12	
									Carina between RB6 B and C, RB6B/C	Carina between right bronchus 6 B and C, right bronchus 6B/C	CDE Committee	13	
									Carina between RB7 A and B, RB7A/B	Carina between right bronchus 7 A and B, right bronchus 7A/B	CDE Committee	14	
									Carina between RB8 and RB9, RB8/9	Carina between right bronchus 8 and right bronchus 9, right bronchus 8/9	CDE Committee	15	
									Carina between RB8 A and B, RB8A/B	Carina between right bronchus 8 A and B, right bronchus 8A/B	CDE Committee	16	
									Carina between RB9 and RB10, RB9/10	Carina between right bronchus 9 and right bronchus 10, right bronchus 9/10	CDE Committee	17	
									Carina between RB 9 A and B, RB9A/B	Carina between right bronchus 9 A and B, right bronchus 9A/B	CDE Committee	18	
									Carina between RB10 A and B, RB10A/B	Carina between right bronchus 10 A and B, right bronchus 10A/B	CDE Committee	19	
									Carina between RB10 A and C, RB10A/C	Carina between right bronchus 10 A and C, right bronchus 10A/C	CDE Committee	20	
									Carina between RB10 B and C, RB10B/C	Carina between right bronchus 10 B and C, right bronchus 10B/C	CDE Committee	21	
									Carina between LB1 and LB2, LB1/2	Carina between left bronchus 1 and left bronchus 2, left bronchus 1/2	CDE Committee	22	
									Carina between LB1 A and B, LB1A/B	Carina between left bronchus 1 A and B, left bronchus 1A/B	CDE Committee	23	
									Carina between LB1 A and C, LB1A/C	Carina between left bronchus 1 A and C, left bronchus 1A/C	CDE Committee	24	
									Carina between LB1 B and C, LB1B/C	Carina between left bronchus 1 B and C, left bronchus 1B/C	CDE Committee	25	
									Carina between LB2 A and B, LB2A/B	Carina between left bronchus 2 A and B, left bronchus 2A/B	CDE Committee	26	
									Carina between LB2 A and C, LB2A/C	Carina between left bronchus 2 A and C, left bronchus 2A/C	CDE Committee	27	
									Carina between LB2 B and C, LB2B/C	Carina between left bronchus 2 B and C, left bronchus 2B/C	CDE Committee	28	

Pathology worksheet

									Carina between LB1+2 and LB3, LB1+2/3	Carina between left bronchus 1+2 and left bronchus 3, left bronchus 1+2/3	CDE Committee	29	
									Carina between LB3 A and B, LB3A/B	Carina between left bronchus 3 A and B, left bronchus 3A/B	CDE Committee	30	
									Carina between LB4 and LB5, LB4/5	Carina between left bronchus 4 and left bronchus 5, left bronchus 4/5	CDE Committee	31	
									Carina between LB4 A and B, LB4A/B	Carina between left bronchus 4 A and B, left bronchus 4A/B	CDE Committee	32	
									Carina between LB5 A and B, LB5A/B	Carina between left bronchus 5 A and B, left bronchus 5A/B	CDE Committee	33	
									Carina between LB6 A and B, LB6A/B	Carina between left bronchus 6 A and B, left bronchus 6A/B	CDE Committee	34	
									Carina between LB6 A and C, LB6A/C	Carina between left bronchus 6 A and C, left bronchus 6A/C	CDE Committee	35	
									Carina between LB6 B and C, LB6B/C	Carina between left bronchus 6 B and C, left bronchus 6B/C	CDE Committee	36	
									Carina between LB8 and LB9, LB8/9	Carina between left bronchus 8 and left bronchus 9, left bronchus 8/9	CDE Committee	37	
									Carina between LB8 A and B, LB8A/B	Carina between left bronchus 8 A and B, left bronchus 8A/B	CDE Committee	38	
									Carina between LB9 and LB10, LB9/10	Carina between left bronchus 9 and left bronchus 10, left bronchus 9/10	CDE Committee	39	
									Carina between LB9 A and B, LB9A/B	Carina between left bronchus 9 A and B, left bronchus 9A/B	CDE Committee	40	
									Carina between LB10 A and B, LB10A/B	Carina between left bronchus 10 A and B, left bronchus 10A/B	CDE Committee	41	
									Carina between LB10 A and C, LB10A/C	Carina between left bronchus 10 A and C, left bronchus 10A/C	CDE Committee	42	
									Carina between LB10 B and C, LB10B/C	Carina between left bronchus 10 B and C, left bronchus 10B/C	CDE Committee	43	
no	###	Bronchoscopy Type	Type of Bronchoscopy	The type or method of bronchoscopic procedure utilized.	Specific	Character	12	Add instruction to form: (check all that apply)	Fluorescence	Fluorescence	CDE Committee	1	Lung Cancer - Pathology Form Bronchoscopy
									Rigid	Rigid	CDE Committee	2	
									White light	White light	CDE Committee	3	
									Other, specify	Other, specify	CDE Committee	4	

Pathology worksheet

									Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
	####	Parietal Pleural Margin Involved	Is the parietal pleural margin involved	A yes/no indicator to ask if the margins of the parietal pleura were involved or infiltrated by tumor.	Specific	Character	7		Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
	####	Perineural Involvement	Perineural tumor infiltration or invasion	A yes/no indicator to ask if perineural infiltration or invasion of the tumor is present.	Specific	Character	7		Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
	####	Pleura Involved	Does the tumor involve the pleura	A yes/no indicator to ask if the pleura is involved or infiltrated by the tumor.	Specific	Character	7		Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
	####	Pleural Margin Involved	Is the pleural margin involved	A yes/no indicator to ask if the margins of the pleura (visceral and/or parietal) were involved or infiltrated by tumor.	Specific	Character	7		Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committee	2	

Pathology worksheet

									Unknown	Unknown	CDE Committee	3	
	####	Primary Tumor Multiple Ind	Are there multiple primary tumors	A yes/no indicator to ask if multiple primary tumors were identified.	Specific	Character	7		Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Cytology
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
									Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
	####	Residual Disease Site, Gross	Sites of Gross Residual Disease	The sites of residual macroscopic or gross disease.	Specific	Character	58	Add 2 instructions to form: (check all that apply) AND Surgeon's assessment or from operative	Lung, at original tumor site	Lung, at original tumor site	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									Blood vessels (main pulmonary artery or vein)	Blood vessels (main pulmonary artery or vein)	CDE Committee	2	
									Lung, elsewhere	Lung, elsewhere	CDE Committee	3	
									Ipsilateral mediastinal nodes	Ipsilateral mediastinal nodes	CDE Committee	4	
									Bronchial resection margin	Bronchial resection margin	CDE Committee	5	
									Contralateral mediastinal nodes	Contralateral mediastinal nodes	CDE Committee	6	
									Vascular resection margin	Vascular resection margin	CDE Committee	7	
									Mediastinal structures (other than nodes)	Mediastinal structures (other than nodes)	CDE Committee	8	

Pathology worksheet

									Chest wall (parietal pleura, ribs, muscle)	Chest wall (parietal pleura, ribs, muscle)	CDE Committee	9	
									Ipsilateral hilar nodes	Ipsilateral hilar nodes	CDE Committee	10	
									Blood vessels (aorta, innominate vein, superior vena cava)	Blood vessels (aorta, innominate vein, superior vena cava)	CDE Committee	11	
									Contralateral hilar nodes	Contralateral hilar nodes	CDE Committee	12	
	####	Residual Disease Site, Microscopic	Sites of Microscopic Residual Disease	The sites of residual microscopic disease.	Specific	Character	58	Add 2 instructions to form: (check all that apply) AND (from pathology report)	Lung, at original tumor site	Lung, at original tumor site	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									Blood vessels (main pulmonary artery or vein)	Blood vessels (main pulmonary artery or vein)	CDE Committee	2	
									Lung, elsewhere	Lung, elsewhere	CDE Committee	3	
									Ipsilateral mediastinal nodes	Ipsilateral mediastinal nodes	CDE Committee	4	
									Bronchial resection margin	Bronchial resection margin	CDE Committee	5	
									Contralateral mediastinal nodes	Contralateral mediastinal nodes	CDE Committee	6	
									Vascular resection margin	Vascular resection margin	CDE Committee	7	
									Mediastinal structures (other than nodes)	Mediastinal structures (other than nodes)	CDE Committee	8	
									Chest wall (parietal pleura, ribs, muscle)	Chest wall (parietal pleura, ribs, muscle)	CDE Committee	9	
									Ipsilateral hilar nodes	Ipsilateral hilar nodes	CDE Committee	10	
									Blood vessels (aorta, innominate vein, superior vena cava)	Blood vessels (aorta, innominate vein, superior vena cava)	CDE Committee	11	
									Contralateral hilar nodes	Contralateral hilar nodes	CDE Committee	12	

Pathology worksheet

	####	Stage Grouping, Pathologic	Stage Grouping, Pathologic	The pathologic stage grouping.	Specific	Character	4		0	0, according to current AJCC guidelines	AJCC	1	Lung Cancer - Pathology Form Major Surgical Resection
									IA	IA, according to current AJCC guidelines	AJCC	2	
									IB	IB, according to current AJCC guidelines	AJCC	3	
									IIA	IIA, according to current AJCC guidelines	AJCC	4	
									IIB	IIB, according to current AJCC guidelines	AJCC	5	
									IIIA	IIIA, according to current AJCC guidelines	AJCC	6	
									IIIB	IIIB, according to current AJCC guidelines	AJCC	7	
									IV	IV, according to current AJCC guidelines	AJCC	8	
	####	Surgical Margin Involved Indicator	Does the tumor involve the surgical margin	A yes/no indicator to ask if the margins of surgical resection are involved or infiltrated by the tumor.	Specific	Character	7		Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
	####	Surgical Margin Involved Microscopically Indicator	Are surgical margins microscopically involved	A yes/no indicator to ask if the margins of surgical resection were determined to be involved or infiltrated by the tumor via microscopic evaluation.	Specific	Character	7		Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
	####	Tumor Extension	Tumor Extension	A field to indicate the organs and structures to which the tumor has become adherent or has invaded.	Specific	Character	56	Add instruction to form: (check all that apply)	Chest wall	Chest wall	CDE Committee	1	
									Mediastinum	Mediastinum	CDE Committee	2	
									Esophagus	Esophagus	CDE Committee	3	
									Pericardium	Pericardium	CDE Committee	4	

Pathology worksheet

									Diaphragm	Diaphragm	CDE Committee	5	
	####	Tumor Location, Area	Area	The position/location by area of a tumor within an organ (paired or unpaired) or the relative position of any tissue or tumor specimen sampled for analysis within an affected organ.	Specific	Character	15	Add instruction to form: (check all that apply)	Upper lobe	Upper lobe	CDE Committee	1	Lung Cancer - Pathology Form Cytology
									Middle lobe	Middle lobe	CDE Committee	2	
									Lower lobe	Lower lobe	CDE Committee	3	
									Mainstem bronchus	Mainstem bronchus	CDE Committee	4	
									Carina	Carina	CDE Committee	5	
									Other, specify	Other, specify	CDE Committee	6	
									Upper lobe	Upper lobe	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									Middle lobe	Middle lobe	CDE Committee	2	
									Lower lobe	Lower lobe	CDE Committee	3	
									Mainstem bronchus	Mainstem bronchus	CDE Committee	4	
									Carina	Carina	CDE Committee	5	
									Other, specify	Other, specify	CDE Committee	6	
	####	Tumor Location, Zone	Zone	The position/location by zone/centrality of a tumor within an organ (paired or unpaired) or the relative position of any tissue or tumor specimen sampled for analysis within an affected organ.	Specific	Character	20	Add instruction to form: (check all that apply)	Predominantly central	Predominantly central	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									Indeterminate	Indeterminate	CDE Committee	2	
									Predominantly peripheral	Predominantly peripheral	CDE Committee	3	
									Unknown	Unknown	CDE Committee	4	

Pathology worksheet

	####	Tumor Multifocal Indicator	Are the tumors multifocal	A yes/no indicator to ask if the tumor is multifocal.	Specific	Character	7		Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Cytology
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
									Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
	####	Vascular Invasion Indicator	Is there vascular invasion	A yes/no indicator to ask if large vessel or venous invasion was detected by surgery or presence in a tumor specimen.	Specific	Character	7		Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
	####	Visceral Pleural Margin Involved Indicator	Is the visceral pleural margin involved	A yes/no indicator to ask if the margins of the visceral pleura were involved or infiltrated by tumor.	Specific	Character	7		Yes	Yes	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committee	2	
									Unknown	Unknown	CDE Committee	3	
not path	####	Bronchoscopy Findings	Bronchoscopic Findings	The findings based upon the bronchoscopic examination/evaluation.	Specific	Character	27		Abnormal/malignant	Abnormal/malignant	CDE Committee	1	Lung Cancer - Pathology Form Bronchoscopy
									Normal bronchial epithelium	Normal bronchial epithelium	CDE Committee	2	
									Inflammatory	Inflammatory	CDE Committee	3	

Pathology worksheet

									Unknown	Unknown	CDE Committee	4	
									Other, specify	Other, specify	CDE Committee	5	
not path	####	Inflammatory Change	Inflammatory Change	The amount of inflammatory change present in the specimen.	Specific	Character	25		<10% inflammatory cells	specimen or sample is comprised of less than 10% inflammatory cells	CDE Committee	1	Lung Cancer - Pathology Form Bronchoscopy
									10-75% inflammatory cells	specimen or sample is comprised of 10% to 75% (inclusive) inflammatory cells	CDE Committee	2	
									>75% inflammatory cells	specimen or sample is comprised of more than 75% inflammatory cells	CDE Committee	3	
not path	####	Sample Period	Sample Period	The timeframe of specimen collection relative to treatment and diagnosis.	Specific	Character	14		Pre-treatment	sample or specimen collected before patient received treatment for cancer	CDE Committee	1	Lung Cancer - Pathology Form Cytology
									Pre-diagnosis	sample or specimen collected before patient was diagnosed with cancer	CDE Committee	2	
									Post-treatment	sample or specimen collected after patient received treatment for cancer	CDE Committee	3	
									Unknown	unknown	CDE Committee	4	
									Other, specify	other, specify	CDE Committee	5	
									Pre-treatment	sample or specimen collected before patient received treatment for cancer	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									Pre-diagnosis	sample or specimen collected before patient was diagnosed with cancer	CDE Committee	2	
									Post-treatment	sample or specimen collected after patient received treatment for cancer	CDE Committee	3	
									Unknown	unknown	CDE Committee	4	
									Other, specify	other, specify	CDE Committee	5	
don't use	####	Specimen Cell Source	Source of Cells used for Analysis	A field to describe the type of sample cells used for analysis for pathology.	Specific	Character	25		Non-malignant lung	Non-malignant lung	CDE Committee	1	Lung Cancer - Pathology Form Bronchoscopy
									Primary tumor	Primary tumor	CDE Committee	2	

Pathology worksheet

									Lymph node	Lymph node	CDE Committee	3	
									Bronchus, specify	Bronchus	CDE Committee	4	
									Bronchial tissue, suspicious for abnormality	Bronchial tissue, suspicious for abnormality	CDE Committee	5	
									Dysplastic site	Dysplastic site	CDE Committee	6	
									Normal tissue	Normal tissue	CDE Committee	7	
									Other, specify		CDE Committee	8	
									Non-malignant lung	Non-malignant lung	CDE Committee	1	Lung Cancer - Pathology Form Cytology
									Primary tumor	Primary tumor	CDE Committee	2	
									Lymph node	Lymph node	CDE Committee	3	
									Bronchus, specify	Bronchus	CDE Committee	4	
									Bronchial tissue, suspicious for abnormality	Bronchial tissue, suspicious for abnormality	CDE Committee	5	
									Dysplastic site	Dysplastic site	CDE Committee	6	
									Normal tissue	Normal tissue	CDE Committee	7	
									Other, specify		CDE Committee	8	
									Non-malignant lung	Non-malignant lung	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									Primary tumor	Primary tumor	CDE Committee	2	
									Lymph node	Lymph node	CDE Committee	3	
									Bronchus, specify	Bronchus	CDE Committee	4	
									Bronchial tissue, suspicious for abnormality	Bronchial tissue, suspicious for abnormality	CDE Committee	5	

Pathology worksheet

									Dysplastic site	Dysplastic site	CDE Committee	6	
									Normal tissue	Normal tissue	CDE Committee	7	
									Other, specify		CDE Committee	8	
use at top of path form	####	Specimen Collection Method	How was the specimen obtained	The type of procedure or method used to collect the specimen.	Specific	Character	31		Biopsy	sample or specimen collected via biopsy	CDE Committee	1	Lung Cancer - Pathology Form Cytology
									Sputum, spontaneous	sample or specimen collected via spontaneous sputum	CDE Committee	2	
									Sputum, induced	sample or specimen collected via induced sputum	CDE Committee	3	
									Pleural effusion	sample or specimen collected via pleural effusion	CDE Committee	4	
									Pericardial effusion	sample or specimen collected via pericardial effusion	CDE Committee	5	
									Abdominal/ascites effusion	sample or specimen collected via abdominal effusion or ascites	CDE Committee	6	
									Fine needle aspiration, specify site	sample or specimen collected via fine needle aspiration	CDE Committee	7	
									Bronchial alveolar lavage (BAL)	sample or specimen collected via bronchial alveolar lavage	CDE Committee	8	
									Pleural lavage	sample or specimen collected via pleural lavage	CDE Committee	9	
									Bronchial brushing/washing	sample or specimen collected via bronchial brushing or washing	CDE Committee	10	
									Mediastinoscopy	sample or specimen collected via mediastinoscopy	CDE Committee	11	
									Other, specify	other, specify	CDE Committee	12	
	####	Specimen Condition	Condition of Specimen	The condition or adequacy of the specimen as received.	Specific	Character	12		Satisfactory	Satisfactory	CDE Committee	1	Lung Cancer - Pathology Form Bronchoscopy
									Suboptimal	Suboptimal	CDE Committee	2	
									Inadequate	Inadequate	CDE Committee	3	

Pathology worksheet

Patient Characteristics	2572	Surgical Approach	Surgical Approach	The surgical technique used to acquire tissue for a definitive diagnosis.	Specific	Character	70		thoracotomy		CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									thoracoscopy		CDE Committee	2	
									thoracoscopy / video-assisted (VATS), with conversion to thoracotomy		CDE Committee	3	
									thoracoscopy / video-assisted (VATS)			4	
									thoracotomy		CDE Committee	1	Lung Cancer - Surgery Form
									thoracoscopy		CDE Committee	2	
									thoracoscopy / video-assisted (VATS), with conversion to thoracotomy		CDE Committee	3	
									thoracoscopy / video-assisted (VATS)			4	
									thoracotomy		CDE Committee	1	Lung Cancer NSCLC Stage I-III On-Study Form
									thoracoscopy		CDE Committee	2	
									thoracoscopy / video-assisted (VATS), with conversion to thoracotomy		CDE Committee	3	
									thoracoscopy / video-assisted (VATS)			4	
bottom form	####	Associated Diseases	Diseases Associated with Cancer	A field to identify other diseases associated with the cancer and affecting the same organs and structures being treated.	Specific	Character	25	Add instruction to form: (check all that apply)	Pneumonia	Pneumonia	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									Emphysema	Emphysema	CDE Committee	2	
									Granulomatous disease	Granulomatous disease	CDE Committee	3	
									Pneumoconiosis	Pneumoconiosis	CDE Committee	4	

Pathology worksheet

									Interstitial fibrosis	Interstitial fibrosis	CDE Committee	5	
									Other, specify	Other, specify	CDE Committee	6	
	####	Associated Diseases, Granulomatous	If granulomatous diseases, specify	A field to identify other diseases related to granulomatous disease associated with the cancer and affecting the same organs and structures being treated.	Specific	Character	12		Tuberculosis	Tuberculosis	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									Sarcoid	Sarcoid	CDE Committee	2	
									Fungal	Fungal	CDE Committee	3	
	####	Associated Diseases, Pneumoconiosis	If pneumoconiosis, specify	A field to identify other diseases related with pneumoconiosis associated with the cancer and affecting the same organs and structures being treated.	Specific	Character	10		Asbestosis	Asbestosis	CDE Committee	1	Lung Cancer - Pathology Form Major Surgical Resection
									Silicosis	Silicosis	CDE Committee	2	